IN THE SPECIFICATION:

Please amend original paragraph [0067] (paragraph [0071] of US 2005/ 0080454) as follows:

Figure 26 illustrates a method of forcing the attachment device to have the first configuration. The attachment device 2 can be forced to have the first configuration by the application of a base torque, shown by arrows 58, applied about the base axis 12. The base torque can be directly applied to the base 4. The base torque indirectly becomes, or can be applied as, a leg torque, as shown by arrows 60a and 60b, to the legs 6a and/or 6b about the leg axes 24a and 24b. If approximately two times the base neutral radius 19 is less than the tip distance 26, the legs 6 will splay outward when entering the first mass 68. If approximately [[approximatelt]] two times the base neutral radius 19 is greater than or equal to the tip distance 26, the legs 6 will splay inward or stay vertical when deploying into the first mass 68.

Please amend original paragraph [0072] (paragraph [0076] of US 2005/ 0080454) as follows:

The attachment device 2 can be removed and redeployed at any stage of deployment supra, for example, if the surgeon is unsatisfied with the position of the attachment device 2, or if the prosthesis need replacing or "redoing" at a point in the future. If the attachment device 2 has a retention device 29, when the retention coating 31 sufficiently biodegrades or is otherwise removed, the retention devices 29 will become exposed and can substantially prevent the removal of the attachment device 2 from the deployment site. Removal may still be achieved however, by apply sufficient force (by a tool or other device) to overcome the strength of the secondary [[secdondary]] retention element.

Please amend original paragraph [0080] (paragraph [0084] of US 2005/ 0080454) as follows:

Figure 43 illustrates that, during use, the attachment device 2 can be covered by new tissue growth 82. The flag 10 can extend outside of the new tissue growth 82 (as shown) or be located just below the surface but palpable. The flag 10 can act as a marker, palpable or visible by direct vision or imaging modalities known in the art (e.g., x-ray, magnetic resonance imaging (MRI), ultrasound, computed tomography [[tomagraphy]] (CT), echocardiogram) for example to locate the attachment device 2 in case of removal of the attachment device 2. The flag 10 can be made of, for example, suture material (e.g., Nylon, polyglycolic acid, polyester such as DACRON® from E. I. du Pont de Nemours and Company, Wilmington, DE, metals such as those used in the other elements of the attachment device 2, other polymers or combinations thereof). The base 4 can also serve this function (e.g., of a marker) in some applications.